

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47157

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** BAY FOREST POOL COMMONS #2, INC.

**Current Principal Place of Business:**

15330 CEDARWOOD LANE  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

15400 CEDARWOOD LANE  
#104  
NAPLES, FL 34110 US

**New Mailing Address:**

**FEI Number:** 59-2341046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C/O PHILLIPS  
15400 CEDARWOOD LANE  
SUITE 104  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: KONTOS, MICHAEL  
Address: 15470 CEDARWOOD LN #201  
City-St-Zip: NAPLES, FL 34110

Title: BM  
Name: CORBOY, NANCY  
Address: 15350 CEDARWOOD LANE #102  
City-St-Zip: NAPLES, FL 34110

Title: BMD  
Name: WISE, SHIRLEY  
Address: 15450 CEDARWOOD LN #102  
City-St-Zip: NAPLES, FL 34110

Title: S  
Name: SCHNUR, LARRY  
Address: 15502 CEDARWOOD LANE  
City-St-Zip: NAPLES, FL 34110

Title: T  
Name: PHILLIPS, MARGARET R  
Address: 15400 CEDARWOOD LANE #104  
City-St-Zip: NAPLES, FL 34110

Title: BM  
Name: WUBBE, MARY E  
Address: 359 BAY FOREST DR.  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET R PHILLIPS

T

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date